

**FACILITY USE APPLICATION (open to public activity\*)**  
MORTON COMMUNITY CENTER, 222 N. CHAUNCEY, WEST LAFAYETTE, IN 47906  
PHONE 765-775-5120 FAX 765-775-5123 E-Mail: wlparks@westlafayette.in.gov

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of activity \_\_\_\_\_ Number of participants \_\_\_\_\_

**Date of activity \*** \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: From \_\_\_\_\_ to \_\_\_\_\_ (bldg closes 11 pm M-F; 4:30 pm Sat) **Include set-up & tear down time.**  
**\*If requesting regular meetings, please list all dates for year on back of this page.**

Admission charge: ☐ Yes ☐ No Amount per person \$ \_\_\_\_\_ Donation: ☐ Yes ☐ No Room \_\_\_\_\_

Use of proceeds if admission or donation: \_\_\_\_\_

If renting the Multipurpose room, is a dinner being served? ☐ Yes ☐ No **If yes, \$100 cleaning fee required at time of reservation. Group responsible to return tables to table closet and chairs to chair racks.**

Morton has ONLY this equipment available for use on a first-come, first-served basis. (Note: please confirm availability when making reservation!) Please indicate if you wish to use our:

Please circle item(s) needed: TV/VCR/ Overhead projector/ Slide projector/CD&tape player/ Tables – 6': # \_\_\_\_\_  
Flip chart/white board (you provide paper for flip chart)

If you are providing your own equipment, please list: \_\_\_\_\_

Name of organization \_\_\_\_\_

Address of organization \_\_\_\_\_

Name of representative \_\_\_\_\_ Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Address of representative \_\_\_\_\_ Fax \_\_\_\_\_

Email address: \_\_\_\_\_

**Use Restrictions:** By contract the use of Morton Community Center is restricted to civic, community, educational and recreational purposes, including activities or functions sponsored or promoted by the City of West Lafayette, meetings of community groups, social gatherings, and short or long term lease to not-for-profit groups.

**\*Liability:** The Morton Community Center (Facility) is available for use subject to the Rules and Rental Policy provided as a part of this application. I have read, understand, and agree to comply with the Rules and Rental Policy. On behalf of the above listed organization or individual, I understand that use of the Facility is available at our discretion, and that we are not compelled in any way to use the Facility. We understand that use of the Facility involves a degree of risk of injury and even death and that we are voluntarily using the Facility with knowledge of the dangers involved. In consideration of being allowed to use the Facility, I, on behalf of the above listed organization or individual and their heirs, representatives and assigns, hereby release and forever discharge, and agree to indemnify and hold harmless, the City of West Lafayette, the West Lafayette Parks and Recreation Department, and their Boards, officers, agents, employees, and representatives and any person or entity acting on their behalf, from any and all responsibility or liability (including attorney fees) for injuries, damages or death resulting from or arising out of the use of the Facility.

**Notice:** The authorized representative listed below shall inform the members of their organization of the Use Restriction and Liability paragraphs listed above and the Rules (attached) so that all members shall have knowledge of the organization's rights and responsibilities. In the event of any violation, I understand that the activity may be suspended immediately and/or the group may lose the privilege of use of Morton. I understand that any electrical equipment or materials used may be inspected or further information required by the staff before approval.

Billing Options (check one): ☐ Pay in advance ☐ Pay office or caretaker at time of event ☐ Send billing to above address

⇒Signature of authorized representative: \_\_\_\_\_

For Office Use Only	
Class: _____	Usage fee: _____ Date paid: ____/____/____ Receipt No. _____ On calendar _____
Conditions list: _____	
Comments: _____	
Approved by: _____	Date: ____/____/____

**Reservation is confirmed when this form is filled out, signed and received in Morton office.**

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